JUL 2 8 2006			
AMP	NDMENT TRANSM	IITTAL LETTER	ATTORNEY'S DOCKET NO. USF-T194XC1
SERIAL NO ADE	FILING DATE	EXAMINER	GROUP ART UNIT
10/784,309	February 20, 2004	Thomas Sweeney Heard	1654
INVENTION			
Peptidomimetic Inhibitor	rs of STAT Activity and	Uses Thereof	

## TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

	Small entity status of this application under 37 CFR 1.27 has been established by a verified
	statement previously submitted.
$\boxtimes$	Applicant claims small entity status.
	A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
	No additional fee is required.
$\boxtimes$	The fee has been calculated as shown below:

(3)

(1) (2)

**SMALL ENTITY** 

OTHER THAN A **SMALL ENTITY** 

>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 23	MINUS	20	3
INDEP.	* 5	MINUS	5	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			0	

RATE	ADDIT. FEE	<u>OR</u>
\$ 25	\$75.00	
\$100	\$0.00	
\$180	\$0.00	
Total addit. fee	\$75.00	<u>OR</u>

RATE	ADDIT. FEE
\$ 50	\$0.00
\$200	\$0.00
\$360	\$0.00
Total addit. fee	\$0.00

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

$\boxtimes$	Please charge my Deposit Account No. 19-0065 in the amount of \$ 75.00
	A check in the amount of \$ to cover the filing fee is
	enclosed.
$\bowtie$	The Commissioner is hereby authorized to charge payment of the following fees associated with
	this communication or credit any overpayment to Deposit Account No. 19-0065. Two additional
	copies of this paper are enclosed.
	Any additional filing fees required under 37 CFR 1.16.
	Any patent application processing fees under 37 CFR 1.17.

(signature)

Doran R. Pace, Reg. No. 38,261

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20."

<sup>\*\*\*</sup> If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."